

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 11/19/03.

I. DISPUTE

Whether there should be additional reimbursement for CPT code E1399 (Durable Medical Equipment-RS4i Muscle Stimulator) for date of service 8/14/03. Amount billed was \$250.00. Payment received, \$150.00. Disputed amount \$100.00.

II. RATIONALE

The service in dispute was denied as, "F-Z560-The charge for this procedure exceeds the fee schedule or usual and customary values as established by Ingenix."

There is no Maximum Allowable Reimbursement for CPT E1399. Per Commission Rule 133.307 (j)(F) states, in part, "...if the commission has not established a maximum allowable reimbursement, documentation that discusses, demonstrates, and justifies that the amount the respondent paid is a fair and reasonable rate of reimbursement in accordance with Texas Labor Code §413.011..."

The Requestor has not supported their position. Redacted EOB's submitted by the Requestor support 100% reimbursement for the purchase of an unidentified Durable Medical Equipment. The issue in dispute is a fair and reasonable rate of reimbursement for a monthly rental fee. On this basis, the Requestor has not supported their position that their monthly rental rate is fair and reasonable and that the Respondents' rate of reimbursement is not fair and reasonable. Based upon information provided, no additional reimbursement is recommended.

III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 09th day of March 2004.

Terri Chance
Medical Dispute Resolution Officer
Medical Review Division

TC/tc